## PART B - FEE(S) TRANSMITTAL

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WENDEROTI 1030 15th Street Suite 400 East	I hei State	Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
Washington, DC	20005-1503						(Depositor's name)
							(Signature)
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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.		RNEY DOCKET NO.	CONFIRMATION NO.
10/584,923	584,923 06/21/2007		Toshiyasu Watanabe		2006-0962A		2243
APPLN. TYPE	SMALL ENTITY	E AND METHOD FOR A	ARRANGING SEATS TH	PREV. PAID ISSU		TOTAL FEE(S) DUE	DATE DUE
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nonprovisional		· -	<u>'</u>	<b>40</b>		\$1810	08/18/2010
EXAMINER  COLLINS, TIMOTHY D		ART UNIT 3643	CLASS-SUBCLASS 244-118600	J			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
PLEASE NOTE: Un recordation as set fort (A) NAME OF ASSI Mitsubishi	less an assignee is ident h in 37 CFR 3.11. Comp GNEE Heavy Industr:	ified below, no assignee pletion of this form is NO ies, Ltd.	T a substitute for filing an (B) RESIDENCE: (CITY Tokyo, Japan	atent. If an assign assignment. and STATE OR C	COUNT	RY)	ocument has been filed for
Please check the appropr	riate assignee category or	categories (will not be pr	rinted on the patent):	Individual A Co	orporati	on or other private gro	oup entity Government
4a. The following fee(s) are submitted:  4a. The following fee(s) are submitted:  4			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO 2000 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 23-0975 (enclose an extra copy of this form).				
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/Walter C. Pledger/ Authorized Signature 2010.07.20 13:15:05 -04'00'				<sub>Date</sub> _Jul	y 20	0, 2010	
WALTER C. PLEDGER Typed or printed name			Registration No. 55, 540				
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